

General Registration Form

**Make check payable to and mail your registration to
Middletown Recreation Division
61 Durant Terrace Middletown, CT 06457**

There is a \$25.00 administrative fee for any refunds

PARTICIPANT:

Name: (First) _____ (Name) _____

D.O.B. _____ / _____ / _____

Street Address: _____

City/Town _____ Zip _____

Phone: H _____ - _____ - _____ W _____ - _____ - _____

Cell _____ - _____ - _____ New Address ? _____

MEDICAL RELEASE/PARENTAL PERMISSION: In order to participate in Recreation and Community Services Department Programs, I understand and agree that recreation programs can be physically demanding, but I have the physical ability needed to participate. In the event photos are taken or videos recorded, I hereby give permission for the Recreation and Community Services Department to use said photos and recorded videos in promotional literature, social media including but not limited to brochures and flyers. In the event of an emergency and the parent/guardian/emergency contact person cannot be reached, I hereby give permission to be transported (or for my child to be transported) to the Middlesex Hospital or any nearby medical facility. It is hereby understood and agreed that I shall assume full financial responsibility for any costs over and above that which is not covered by my health insurance. To the fullest extent permitted by law, I agree to indemnify and hold harmless the City of Middletown and its employees from any injuries or damages caused by or resulting from participation in these programs. A photocopy of this waiver form with my signature shall be considered as valid as the original.

PARENTAL PERMISSION (If under 18 years): I hereby give permission for my child to participate in Middletown Recreation Division Programs. I understand the programs are physically demanding, but I feel my child has the ability.

REFUND POLICY: I understand and agree that no refunds will be given after the program starts or for circumstances beyond the control of the Recreation Division (e.g. weather, equipment failure, illness, etc.).

BUS TRIP/LADY KATHARINE CRUISE/ WESLEYAN WALKING

MEDICAL EMERGENCY INFORMATION: I understand and agree that the Middletown Recreation Division provides these programs in conjunction with bus and boat tour company vendors and Wesleyan University. The Recreation Division offers no medical personnel on these vessels or on-site for emergencies. I understand and agree that no refunds will be given for bus trips.

PARTICIPANT BEHAVIOR RULES: I have read and acknowledge receipt of the participant's behavior rules on page 29 and understand failure to follow these rules may result in immediate dismissal from recreational programs with no refund fees.

CONTESTS: I understand that the City of Middletown has the right to post my photographs or artwork online or in print form. I also understand that submitted materials will not be returned.

Parent/Legal Guardian/1st Contact:

Name: (First) _____ (Name) _____

Street Address: _____

City/Town _____ Zip _____

Phone: H _____ - _____ - _____ W _____ - _____ - _____

Cell _____ - _____ - _____

Parent/Legal Guardian/ 2nd Contact:

Name: (First) _____ (Name) _____

Street Address: _____

City/Town _____ Zip _____

Phone: H _____ - _____ - _____ W _____ - _____ - _____

Cell _____ - _____ - _____

Emergency/ 3rd Contact

Name: (First) _____ (Name) _____

Street Address: _____

City/Town _____ Zip _____

Phone: H _____ - _____ - _____ W _____ - _____ - _____

Cell _____ - _____ - _____

Program Names & Dates	Program #	Fee
Optional Christmas Toy Drive Donation	-	\$1
TOTAL:		



Applicant Signature (Over 18) OR Parent/Legal Guardian Signature (Under 18):

_____ Date: _____ Email: _____ @ _____

Office use only: Date _____ Staff initials _____ \$ Rcvd. _____ Ck# _____ Cash _____ Credit Card _____ Scanned _____